



**William Beaumont Hospital**

## Date \_\_\_\_\_ Code Status \_\_\_\_\_

### Physician Orders

☐ See back for additional orders

~~PHYSICIAN SIGNATURES~~

3

Time

2

Time

## Panels

## Basic Metabolic

Sodium  
Potassium  
Chloride  
tCO<sub>2</sub>  
Glucose  
BUN  
Creat  
Calcium

### Cardiac

EKG  
CXR  
CBC w / diff  
Glucose  
Lytes  
BUN  
Creat  
CK  
Myoglobin  
Troponin  
PT / PTT

## Trauma

HcG (females)  
AP Pelvis  
Cross Table C-Spine  
AP Chest  
CBC w/ diff  
Type & Screen  
Glucose  
Lytes  
BUN  
Creat  
UA w/ micro

### Hepatic

Albumin  
Total Protein  
AST  
ALT  
Alk. Phosphatase  
Bilirubin total & direct

## Critical Care II

Sodium  
Potassium  
Chloride  
Blood Gases  
Ionized Calcium  
Hemoglobin

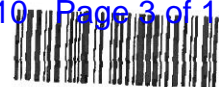
## Sepsis

CBC w/ diff  
Lytes  
Glucose  
BUN  
Creat  
UA w/ micro  
BC x 1  
CXR  
Lactate

[illegible]



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2556927-2008  
PEROVICH, MARIA M  
10-30-2007

18

**Beaumont**

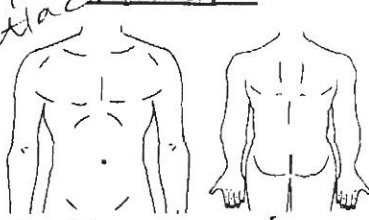
William Beaumont Hospital

**EMERGENCY NURSING RECORD**  
**Chest Pain Complaints**

Date \_\_\_\_\_ Code Status \_\_\_\_\_

TRIAGE TIME 1020 ESI I II III IV V/ACNAME: PEROVICH, MARIA  
D.O.B.: 5.27.48 AGE: 59 (M) / F  
ARRIVAL MODE: Acc EMS police  
PCP: none Dr. Rivera Goldberg  
Primary Language Spoken: English Spanish other  
Communication Needs: Interpreter  
speech / hearing / cognitiveTREATMENT PTA see EMS report  
O<sub>2</sub> Acck 233 IV gauge 22g site hand amount  
12 lead done \_\_\_\_\_ meds givenVITALS  
BP 178/87 P 107 RR 20 Weight 240 lb kg  
temp 36.7 O R Ax  
SaO<sub>2</sub> 100 % RA/O<sub>2</sub> \_\_\_\_\_ GCS 15PAIN LEVEL 6 / 10 location back painCHIEF COMPLAINT CP + Dis after verbal  
onset Altercation w/ police  
Symptoms resolved in route  
nausea / vomiting x \_\_\_\_\_ shortness of breath per  
weakness HO diaphoretic EMSquality:  
pressure  
tightness  
indigestion  
burning  
dull / aching  
sharp / stabbing  
"pain"  
"numbness"  
"like prior MI"

location of pain:



radiation (show radiation: →)

**ALLERGIES** NKDA

drug - PCN / ASA / sulfa / latex / codeine / iodine

MEDS none see med list coumadin Typrol  
nitro SL metformin Januvia  
Plavix Pravastatin L-thyroxine crestor  
ASA Xanax Spironolactone  
Immunizations: UTD needs further evaluation  
tetanus \_\_\_\_\_ flu \_\_\_\_\_**PAST MEDICAL HX** negative ^TB exposure / symptoms

MI / CVD / HTN / asthma / renal failure / CA type

diabetes: Type 1 (Type 2) Typrolfamily history of heart disease Back pain Anxiety  
past surgeries none BACK cholesterol  
poor historianLNMP PA G P Ab pregnant / postmenop / hyst☐ Meets criteria for advance treatment protocolsTriage RN Signature STANDER / 38135TIME TO ROOM: 11:00 ROOM: 217

INITIAL ASSESSMENT TIME: \_\_\_\_\_

**GENERAL APPEARANCE**☒ no acute distress ☒ mild / moderate / severe distress  
☒ alert ☒ anxious / decreased LOCFALL RISK ☒ YES ☒ NO**FUNCTIONAL / NUTRITIONAL ASSESSMENT**☒ independent ADL ☐ assisted / total care  
☒ appears well ☐ obese / malnourished  
☐ nourished / hydrated ☐ recent weight loss / gain**SOCIAL HX**smoker \_\_\_\_\_ ppd \_\_\_\_\_ drugs / alcohol \_\_\_\_\_  
Alcohol Use: (One standard drink equals: 12 ounces of beer, 4 ounces of wine, or 1 ounce of hard liquor)How many drinks containing alcohol do you have on a typical day when you are drinking? less than 1 1-2 / day 3-4 / day 5-6 / day\*  
7-9 / day\* more than 10 / day\*

How often do you drink 4 or more (if female) or 6 or more (if male) drinks on one occasion? (binge drinking) never less than once / month more than once / month\* more than once / weekly\* daily\*

When did you have your last drink of alcohol?

Date \_\_\_\_\_ Time of last drink if within 24 hrs \_\_\_\_\_

# of drinks within the last 24 hours \_\_\_\_\_

☒ has been physically hurt or threatened by someone close  
physical / behavioral / historical indicators of abuse, neglect, or  
Is anyone misusing your money, food, housing, or not allowing you to obtain healthcare?☐ Requires further assessment**RESPIRATORY**☒ no resp distress ☐ mild / moderate / severe distress  
☒ nml breath sounds ☐ wheezing / rales / rhonchi  
☒ chest non-tender ☐ decreased breath sounds☐ retractions / splinting  
☐ accessory muscle use☐ JVD☒ tachycardia / bradycardia☒ pulse deficit☒ cap refill greater than 2 sec☒ cool / diaphoretic☒ skin warm & dry ☐ pale / cyanotic / mottled**NEURO**☒ oriented x 3 ☐ disoriented to person / place / time☐ confused☐ weakness / sensory loss**EXTREMITIES**☒ non-tender ☐ calf tenderness☒ moves all extremities ☒ limited ROM (2) leg, not new☐ no pedal edema ☐ pedal edema**ABDOMEN**☒ nml inspection ☐ tenderness / guarding / rebound☒ soft, non-tender ☐ rigid / distended☒ bowel sounds nml ☐ bowel sounds hyper hypo absent**INITIAL ACTIONS**

TIME	ID band applied	ID band verified	INIT
11:00	<input checked="" type="checkbox"/> disrobed <input checked="" type="checkbox"/> gownned <input checked="" type="checkbox"/> side rails up <input checked="" type="checkbox"/> xl, xl	<input type="checkbox"/> blanket provided	<u>AG</u>

Assessment RN Signature Kphansen

^ protocol available



^ protocol available

PAGE



2556927-2008  
PEROVICH, MARIA M  
10-30-2007

AC  
H

NURSE REVIEW (SIGNATURE) \_\_\_\_\_

INITIALS

## ALLERGIES

10-30-07

[illegible][illegible]

INJECTION SITE CODES

- INJECTION SITE CODES
- A - LEFT DORSOGLUTEAL
  - B - RIGHT DORSOGLUTEAL
  - C - LEFT VENTROGLUTEAL
  - D - RIGHT VENTROGLUTEAL
  - E - LEFT THIGH
  - F - RIGHT THIGH
  - G - LEFT ARM
  - H - RIGHT ARM
  - I - LEFT ABDOMEN
  - J - RIGHT ABDOMEN

Chart Review Copy - Duplicate Printout  
Requested by: Ayers, Cynthia at: 04/07/09 1410  
William Beaumont Hospital - Troy  
ECP Dictation

<u>Patient Name</u>	<u>DOB:05/27/1948</u>	<u>Patient No.</u>	<u>FC</u>	<u>Room No.</u>	<u>Event Date</u>
Perovich, Maria M		25569272008		EP	10/30/07

Page 1 of 2

ALEIDA M RIVERA M.D.  
43956 MOUND RD  
STERLING HEIGHTS MI 48314

REPORT

William Beaumont Hospital

PATIENT NAME: PEROVICH, MARIA M  
DATE AND TIME OF ED REG: 10/30/2007 10:29AM  
MEDICAL RECORD NUM: 2556927  
CHART NUM: 25569272008 DATE AND TIME OF ED EXAM: 10/30/2007 11:25AM  
AGE: 59y  
RACE:  
SEX: F  
PATIENT DOB: 05/27/1948  
FINAL IMPRESSION(S)/DIAGNOSES:  
Shortness of breath, resolved.  
HISTORY:

CHIEF COMPLAINT(S):  
Chest pain and shortness of breath.  
HISTORY OF PRESENT ILLNESS:

The patient is a 59-year-old woman who states that she experienced shortness of breath and some anterior chest pain while involved in an altercation with police. She states that the police came to her home looking for her son and in her opinion they were rude to her. She states that she feels much better now. She states that the chest pain lasted for several minutes. She states no recent cough, cold or fever.  
REVIEW OF SYSTEMS:

All systems reviewed and negative except as noted elsewhere in chart.  
PAST MEDICAL, FAMILY, AND/OR SOCIAL HISTORY:

PAST MEDICAL HISTORY: Significant for hypertension, diabetes, thyroid problems, back problems, anxiety disorder and high cholesterol.

ALLERGIES: SULFA.

CURRENT MEDICATIONS: See list.

Physician Signature  
Dean L Dalbec M.D.

<u>Typed By</u>	<u>Date</u>	<u>Name of Report</u>	<u>Complete</u>
	D:10/30/07	ECP Dictation	
	T:		
	T:		



Chart Review Copy - Duplicate Printout  
 Requested by: Kotcher, Donna at: 11/15/07 1627  
 William Beaumont Hospital - Troy  
 ECP Dictation

<u>Patient Name</u>	DOB:05/27/1948	<u>Patient No.</u>	<u>FC</u>	<u>Room No.</u>	<u>Event Date</u>
Perovich, Maria M		25569272008		EP	10/30/07

Page 2 of 2

FAMILY HISTORY: Positive for heart disease.  
 SOCIAL HISTORY: Denies any alcohol or tobacco use.  
 EXAMINATION OF ORGAN SYSTEMS/BODY AREAS:

CONSTITUTIONAL: Blood pressure 178/87, heart rate of 107, respirations 20 and unlabored, afebrile. Note, the patient is somewhat anxious, however, does not appear to be in any acute distress.  
 EYES: Conjunctivae and lids are normal.  
 EARS, NOSE, MOUTH AND THROAT: The pharynx is negative.  
 NECK: Supple, nontender without masses.  
 RESPIRATORY: Lungs are clear bilaterally.  
 CARDIOVASCULAR: Cor S1, S2. No murmur. Distal pulses are appropriate and symmetric.  
 GASTROINTESTINAL: Abdomen is soft and nontender. There are no masses or organomegaly.  
 LYMPHATIC: No remarkable neck or groin nodes.  
 MUSCULOSKELETAL: No peripheral edema.  
 SKIN: Warm and dry without lesions.  
 NEUROLOGIC EXAM: Showed no focal motor or sensory deficits.  
 MEDICAL DECISION MAKING:

## COURSE IN THE ED WITH INTERPRETATION/REVIEW OF DIAGNOSTIC STUDIES:

EKG is obtained and is interpreted by me and shows no acute ischemic changes.

Chest x-ray is interpreted by me and is negative for infiltrate or signs of CHF.

The patient was given Ativan 0.5 mg IV push.

Routine labs and cardiac enzymes are normal and the patient states she is feeling much better at the time of disposition.

## DISPOSITION:

Discharged home in satisfactory condition with instructions to follow up with PMD.

DALBEC, M.D., DEAN DICTATION DATE/TIME (EST): 10/30/2007 14:18PM

TRANSCRIPTION DATE/TIME (CST):

10/30/2007 13:38:34 By JOHNSONT

Physician Signature  
 Dean L Dalbec M.D.

<u>Typed By</u>	<u>Date</u>	<u>Name of Report</u>	<u>Complete</u>
	D:10/30/07	ECP Dictation	
	T:		
	T:		

Petrovich, Maria

ID:2556927

30-OCT-2007 10:35:56

WBH ECG

27-MAY-1948 (59 yr)  
Female Unknown

Room:217 EC  
Loc:201

Vent. rate	102	BPM
PR interval	138	ms
QRS duration	100	ms
QT/QTc	376/490	ms
P-R-T axes	44 28	ms

Sinus tachycardia  
Moderate voltage criteria for L/VH, may be normal variant  
Inferior infarct, age undetermined  
Abnormal ECG  
When compared with ECG of 20-APR-2004 06:28,  
Manual comparison required for analog tracing  
Confirmed by Cieszkowski MD, John (25) on 10/30/2007 7:35:08 PM

Technician: 22987  
Test ind:

TROY 25:

Referred by:

Confirmed By: John Cieszkowski MD

STAT?:Yes

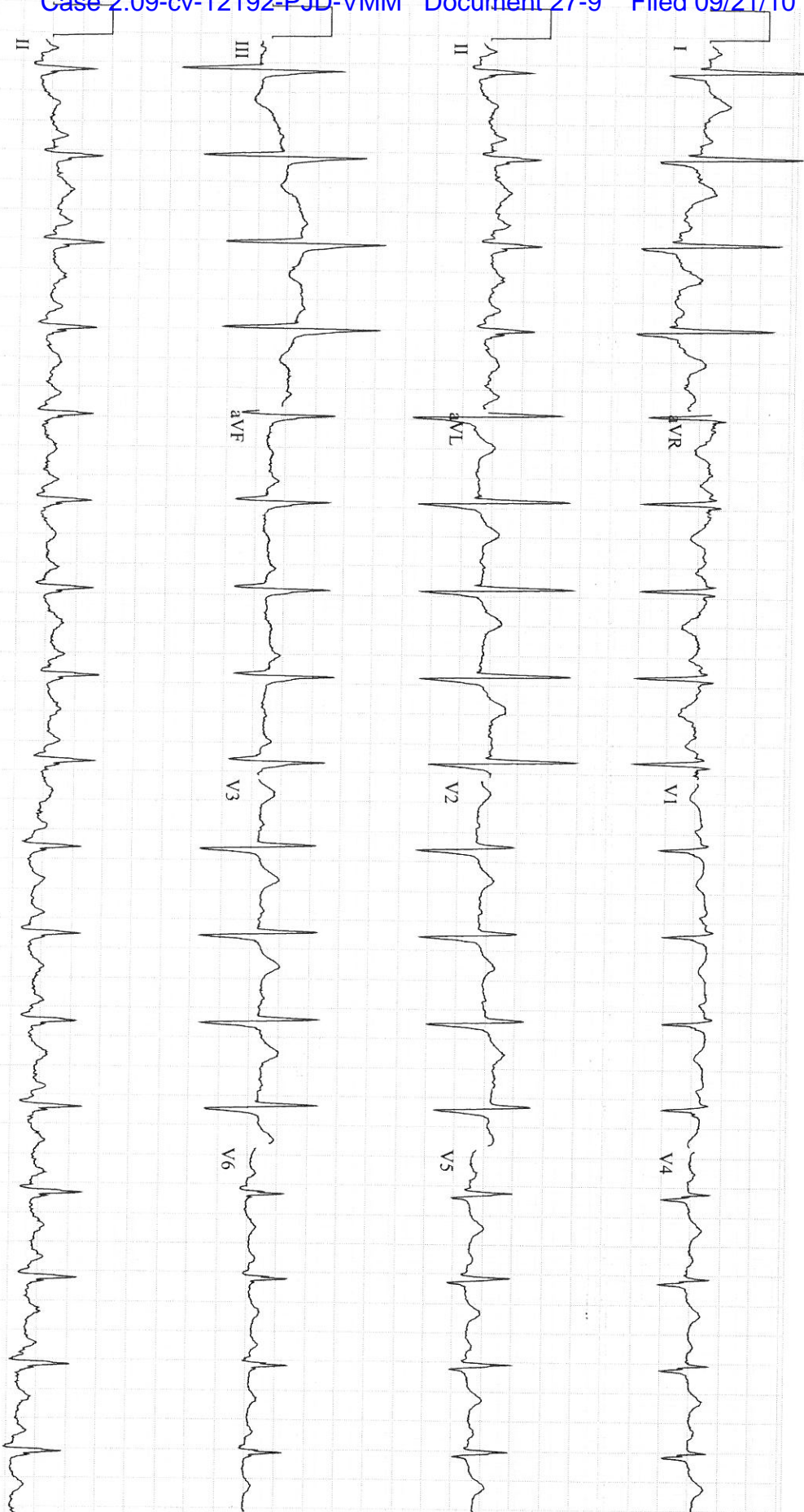




Chart Review Copy - Duplicate Printout  
Requested By: Ayers, C at 04/07/09 1410  
William Beaumont Hospital - Troy  
Diagnostic Radiology

<u>Patient Name</u>	<u>DOB:</u> 05/27/48	<u>Patient No.</u>	<u>FC</u>	<u>Room No.</u>	<u>Exam Date</u>
Perovich, Maria M		25569272008		EP	10/30/07 1216

Page 1 of 1

\*\* DEAN L DALBEC , REQUESTOR  
44201 DEQUINDRE  
TROY MI 48085

ALEIDA M RIVERA M.D.  
43956 MOUND RD  
STERLING HEIGHTS MI 48314

Chest:

PA and lateral views were obtained for pain. Correlation is made with 4/26/2006.

The lungs are clear. Cardiomediastinal silhouette and pulmonary vasculature appear normal.

Impression:

No active pulmonary disease.

House Officer

Radiologist  
Stephan John Loginsky, M.D.  
HDS

<u>Typed By</u>	<u>Date</u>	<u>Name of Report</u>	<u>Complete</u>
SJL/	D: 10/30/07	XRY Chest	
	T:		
	T:		

**Beaumont**  
William Beaumont Hospital

**EMERGENCY CENTER - PRE-HOSPITAL INFORMATION**

ROYAL OAK FAX (248) 551-3704

TROY FAX (248) 828-5068

Alpha 31

PATIENT NAME		GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
PERSONAL PHYSICIAN		AGE 59
DATE 10/30/07	TIME 1004	<input type="checkbox"/> AM <input type="checkbox"/> PM
NAME OF REQUESTOR/CALLER		PHONE NUMBER
SIGNATURE OF PERSON TAKING / SENDING MESSAGE / ID# <div style="text-align: right; font-family: cursive;">7-10mi</div>		

Reason Being Sent:	Past Medical History:
Anxiety attack	p confronted by PD
vitals stable	

Admit: ☐ No ☐ Yes To Whom: \_\_\_\_\_

Consult Dr. \_\_\_\_\_ Service: \_\_\_\_\_

Consult Dr. \_\_\_\_\_ Service: \_\_\_\_\_

Tests Requested:	Current Meds:	Dose	Freq
TX Completed PTA:			





## STREET SHEET

E.T.A. \_\_\_\_\_

HOSP. BTRTRANS. 34

PRIORITY 1 2 3 4

NAME MARIA YERUVICHAGE: 27/48 M (F) W.T. \_\_\_\_\_ADD. 43153 PENNY

FAMILY PHYSICIAN \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

CHIEF COMP. SOBPHONE 586 884 6084

ONSET/DUR. \_\_\_\_\_ DISTRESS \_\_\_\_\_ MOI \_\_\_\_\_

HISTORY BACK SURGERY, DIABETES, CARDIAC, THYROIDMEDS TOPROL METFORMIN PRANDIN JANAVIA L THYROXINECRESTON SPIRONOLACTONE ALPRAZOLAMALLERGIES SULFA

TIME	<u>0950</u>		TIME		
L.O.C.	<u>ALC</u>		SKIN	<u>WAD</u>	
	<u>X3</u>				
B/P	<u>240</u>		TEMP		
	<u>140</u>				
PULSE	<u>153</u>	<u>140</u>	NEURO		
RESP.	<u>24</u>		ABD.		
LUNGS	<u>LLGAR</u>		N/V		
PUPILS	<u>PERL</u>		EDEMA		

## EYES OPEN CODED VALUE

Spontaneous 4  
To Sound 3  
To Pain 2  
None 1

## BEST VERBAL RESPONSE

Oriented 5  
Confused 4  
Inappropriate 3  
Incomprehensible 2  
None 1

## BEST MOTOR RESPONSE

Obeys commands 6  
Localizes pain 5  
Withdraws (pain) 4  
Flexion (pain) 3  
Extension (pain) 2  
None 1

DEXI 1 233 PULSE OX: RA 99 02 \_\_\_\_\_ GCS \_\_\_\_\_EKG ST

## TREATMENT

02 NC 4 LPM

## HEMO/FRACTURE

I.V. TIME 0955 SOL NS LOC L HAND SIZE 20 MEDIC JCYB

MED TIME \_\_\_\_\_ DRUG \_\_\_\_\_ DOSE \_\_\_\_\_ ROUTE \_\_\_\_\_ MEDIC \_\_\_\_\_

Comments: \_\_\_\_\_

William Beaumont Hospital  
44201 Dequindre Road  
Troy, MI 48085  
(248) 964-5111

**EXITCARE® PATIENT INFORMATION**

Patient Name: Maria Perovich - DOB: 5/27/1948

Patient ID: (ID# 2556927)

Responsible Adult:

The named patient and/or responsible adult has received the following instruction set(s):

Login ID:

User Name:

---

**Shortness of Breath ID# 1650**

Attending Caregiver(s): Dean Dalbec, MD

Follow-Up Caregiver(s):

At what oral temperature should the patient return to this location or see their caregiver?:

Additional Notes to bottom of Discharge Instruction?: Return for worsening symptoms or new problems.

---

**Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.**

Maria M. Perovich

Patient or Guardian Signature

Date/Time

[Signature] 10-30-07 1430

Witnessed & Instructed by

Date/Time



**GENERAL CONSENT TO TREATMENT**

Patient's Name: PEROVICH, MARIA M

Date of Birth: 05/27/48

Hospital ID Number: 2556927-2008



1. **Consent:** I request and authorize medical or surgical treatment as may be deemed necessary and appropriate by the physician and his/her designees and assistants participating in my care. This care may include: diagnostic; radiology and laboratory procedures; blood transfusions; anesthesia; therapeutic procedures; drugs; and medical; nursing and hospital care.
2. **Release of Information:** I authorize William Beaumont Hospital to release pertinent information and/or copies of medical records for treatment, payment or health care operations purposes. I understand such information may include Human Immunodeficiency Virus (HIV), AIDS Related Complex (ARC), Acquired Immunodeficiency Syndrome (AIDS), Hepatitis, substance abuse, psychiatric/psychological services records, and social work records, if any. See Notice of Privacy Practices for further information.
3. **Human Immunodeficiency Virus (HIV) and Hepatitis B/C Testing:** I understand and agree that, in accordance with State law, an HIV, HBV or HCV test may be performed upon me in the event a health care worker sustains a significant exposure to my blood or body fluids. The results of any test will be treated confidentially.
4. **Testing and Disposal of Specimens and Tissues:**  
I authorize William Beaumont Hospital to retain, preserve, or use for research, scientific or teaching purposes, or to dispose of any specimen or tissue remaining after completion of a clinical procedure or treatment.
5. **Infant Care:** If I am admitted for the purpose of giving birth, I authorize all appropriate infant care and treatment. I further authorize the taking of baby pictures for purchase by me, if desired.
6. **Valuables:** I release William Beaumont Hospital from responsibility for all personal articles which I have with me during the time I am a patient at the Hospital. I understand that the Hospital is not responsible for clothing, eyeglasses, dentures, jewelry, money or other personal articles of value kept in my possession or in my room while a patient in the Hospital. I understand that personal valuables must be deposited with the Hospital in order for the Hospital to assume any responsibility for their safekeeping.
7. **Payment:** I assign and authorize payment from my insurance company directly to William Beaumont Hospital/Beaumont Professional Services for any and all services rendered. I agree to pay, at the time of discharge or on an interim basis (agreed upon by the hospital), all charges not covered by my insurance company. I understand that it is my primary responsibility to pay the Hospital all charges for services rendered irrespective of any disputes or disagreements between myself and insurance companies. If I receive anesthesia/pain management services, I assign and authorize payment from my insurance company for anesthesiologist services to South Oakland Anesthesia Associates, P.C., or will pay directly for any amount not covered.
8. **No Guarantees:** I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees or promises have been made to me as to the results of the care and treatment which I have hereby authorized.

I have read this form or it has been read to me and I am satisfied that I understand its contents. I further understand that this consent will be deemed continuing and I am free to withdraw my consent at any time.

10/30/07  
Emily Stone  
Date  
Signature of Witness

Maria M. Perovich  
Signature of patient/parent (if patient is a minor)/legal guardian/patient advocate/closest relative (if patient is unable to consent)

Please indicate relationship

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I received a copy of the Notice of Privacy Practices.

Acknowledgement of receipt of Notice of Privacy Practice was not obtained because \_\_\_\_\_

\_\_\_\_\_  
Patient or Representative Signature Date

\_\_\_\_\_  
Hospital Representative Date

**RELEASE BY PATIENT LEAVING AGAINST MEDICAL ADVICE**

This is to certify that I, \_\_\_\_\_, a patient in WILLIAM BEAUMONT HOSPITAL, am leaving the hospital against the advice of the attending physician and hospital administration. I acknowledge that I have been advised of the risks involved. I release the attending physician and the hospital from all responsibility for any ill effects which may result from such an act.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Patient (if patient is a minor, or mentally, incompetent, signature of legal guardian or closest relative is necessary.)



**EMERGENCY CENTER RECORD - TROY**

PATIENT	PEROVICH, MARIA M 43153 PENNY DR STERLING HEIGHTS, MI 48314 DAY NIGHT (586) 884-6084		RELIGION Orth	SEX F	MS D	VIP	EMP.	RACE	INIT.	AGE 59Y	DATE OF BIRTH 05/27/1948	PATIENT NUMBER 2556927-2008
	Gajcaj, Victor Son (586) 884-6084		EMPLOYER FORD MOTOR CO. 1 American Road Dearborn, MI 48126		VISIT TYPE EP		DIV. NO. TR		SOC. SEC. NUMBER XXX-XX-0082		TRIAGE	
INX OF KIN	No, Other		PRIMARY CARE PHYSICIAN RIVERA, ALEIDA M		BROUGHT IN BY Ambulance - Universal Ambulance							
ER	FIC	PRO CODE	ACCIDENT DATE	ACC CODE	TOS							

INSURANCE	PEROVICH, MARIA M 08/01/2006 FORD MOTOR CO. 1 American Road Dearborn, MI 48126 BCBS / BLUE PREFERRED PLUS / 87961 / FMR921136451 PO BOX 166 DETROIT, MI 48231-0166	PEROVICH, MARIA M 09/01/1992 FORD MOTOR CO. 1 American Road Dearborn, MI 48126 MEDICARE / HOSPITAL ONLY (PART A) / / 371600082A PO BOX 5555 MARION, IL 62959
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PHYSICIAN EVALUATION

BAR CODE

25569272008

PEROVICH, MARIA M

DIAGNOSIS	ICD-9 CODE	DESCRIPTION
		DIB - resolved.
PROCEDURES	CODE	

I am unable to obtain a history from this patient or another source because of:  
(age, patients condition, language barrier)  
I have reviewed old records and past medical history as a part of this evaluation.  
I have reviewed nursing notes as a part of this evaluation.

**Review of Systems**

- Constitutional: weakness fatigue stress fever anorexia
- Neurologic: headache syncope confusion dizzy
- Respiratory: dyspnea PND orthopnea cough wheezing sputum
- Cardiac: chest pain palpitations
- GI: nausea vomiting diarrhea melena hematochezia
- ENT: throat pain ear pain tinnitus hearing loss
- Musculoskeletal: back pain extremity pain swelling
- Genitourinary: frequency dysuria nocturia
- Skin: diaphoresis rash
- Eyes: pain vision loss tearing glasses
- Endocrine: heat/cold intolerance polydypsia

All other systems negative except as marked.

Social History: Marital Status: ☐ S ☐ M ☐ W ☐ D  
Smoking History: ☐ Y ☐ N  
ETOH: ☐ Y ☐ N

**Past Medical History**

Medications: See nurses notes.  
Allergies: See nurses notes.

**Procedures**

I have personally supervised or performed the following procedures:  
CPR ☐ LP ☐ Intubation ☐ Chest Tube ☐ Other ☐

**Critical Care**

minutes were personally spent in critical care services, independent of procedures, teaching, or services provided by the resident managing this patient. These services were provided to address clinical conditions that could result in sudden, clinically significant or life threatening deterioration of the patients condition. These interventions include care spent at the bedside, analysis of the test results, conversations with the caregivers, and time spent with family members when the patient is unable or clinically incompetent to give a medical history. Please refer to the chart for additional details. The following organ system conditions were impaired:  
☐ Cardiac ☐ CNS ☐ Hepatic ☐ Metabolic  
☐ Renal ☐ Respiratory ☐ Sepsis ☐ Other

The patient response to treatment was:  
☐ Improved ☐ Worse ☐ No Change

**Rhythm Strip Interpretation**

Reason: \_\_\_\_\_ Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_ Impression: \_\_\_\_\_

**Pulse Oximetry**

Reason: \_\_\_\_\_ Tachypnea \_\_\_\_\_ Other Result: \_\_\_\_\_  
Impression: \_\_\_\_\_ NL \_\_\_\_\_ Hypoxemia \_\_\_\_\_

Troy Teaching (Faculty Note). I personally saw and evaluated this patient, performed the key elements of the history, physical examination and have discussed them and the plan of care with the resident as reflected on the Emergency Center chart. Please see the resident note for details. Exceptions and clarifications are listed below: \_\_\_\_\_ Time Seen \_\_\_\_\_

E.C. PHYSICIAN SIGNATURE		DICTATION TIME	
EXP. CODE	RESIDENT SIGNATURE	TIME	
	PHYS. EVAL. TIME: 1125	DISCHARGE TIME:	
	DISCHARGE STATUS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Improved <input type="checkbox"/> No Change		
Referral/Phone Calls	ATTENDING PHYSICIAN	TIME	
	SERVICE	TIME	
	SERVICE	TIME	
	SERVICE	TIME	
DISCHARGE SIGNATURE			

Adm. Room & Time: